
Sleep Disorders Inventory for Students – Adolescent Form (SDIS-A)

79

Purpose The SDIS-A is composed of 35 items designed to screen for a variety of sleep disorders in adolescents, including: obstructive sleep apnea, periodic limb movement disorder, delayed sleep phase syndrome, excessive daytime sleepiness, narcolepsy, overall sleep disturbance, bruxism, somnambulism, sleep-talking, night terrors, and nocturnal enuresis. Though not a substitute for clinical diagnosis, the instrument is brief and easy to administer, and it addresses the most common sleep complaints faced by youth populations, making it a potential tool for screening.

Population for Testing The adolescent form is indicated for use with youth ages 11–18 years. A second version designed for children 2–10 is also available (Chap. 80).

Administration The pencil-and-paper measure is completed by a parent or caregiver on behalf of the adolescent in question. It requires between 10 and 15 min for completion.

Reliability and Validity Developer Luginbuehl [1] conducted a psychometric evaluation of the questionnaire and found a predictive validity of 96%, an internal consistency of .92, and a test–retest reliability of .86.

Obtaining a Copy The scale is under copyright and is available from publishers Child Uplift Inc. at their website:

<http://www.sleepdisorderhelp.com/index.php>

Direct correspondence to:
Child Uplift Inc. P.O. Box 146
Fairview, WY

Scoring The majority of questions ask respondents to rate, on a seven-point, Likert-type scale, how frequently their child exhibits certain sleep behaviors. Additional items related to general childhood health issues are presented in a “yes/no” format. Researchers and clinicians hoping to use the scale are first required to purchase a kit containing a technical manual and a computerized scoring program for the scale. Though the manual describes the process of hand-scoring, electronic scoring is recommended as it creates an interpretive read-out that may be more useful for screening purposes. Read-outs provide T-scores and percentiles for each disorder evaluated. Based on normative data, results for each domain are placed in one of three categories: “normal,” “caution,” and “high risk.”

Reference

1. Luginbuehl, M. (2003). The initial development and validation study of the sleep disorders inventory for students. *Sleep*, 26, A399–A400.

Representative Studies Using Scale

None